OMB Control No. 0580-0015

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION				F	IOPPER S	CALE TEST REPORT				1 Page No.		
PACKERS AND			ototo zin o	ada talanhana	number end	1 2 Soolo Owr	nor					
2 Testing Agency (Name, address, city, state, zip code, telephone number, and e-mail address):							3 Scale Owner					
· · · · · · · · · · · · · · · · · · ·							4 Address					
							5 City 6 County 7 State					
							8 Scale Location					
							9 Address					
				10 City 11 County 12 State								
				13 Date Test Weights Were Last Verified								
14 Test Da (mm/dd/yy		15 Last Test Da (mm/dd/yyyy)		st Times and Day	s When Scale I	s Not In Use, and Available For Testing			17 Scale Capacity (lbs.)			
				ass of Scale: irked III	ot Marked	19 Model Number			20 Scale D	20 Scale Division (lbs.)		
21 Scale Manufacturer (Indicator)			22 Type of Indicator: ☐ Beam ☐ Dial ☐ Digital ☐ Printer						24 Serial Number			
			☐ Bea	am 🗆 Dial 🗀 D		er Yes No RESULTS						
25 SR (Sensitivi	ity Response) Or Discrimination	on Test		1201		lition As Found		27 Zero Ba	alance As Found		
Zero Load = lb. Maximum Load = lb.												
		28 CORN	ER TEST			29 INCREASING LOAD TEST (continued)						
Position	(a) Balance Weights		(c) Weight Indication	(d) Error Weights (lbs.)	(e) Error	(a) Feed	(b) Balance Weights	(c) Test Weights	(d) Weight Indication		(f) Error	
Corner 1												
Corner 2												
Corner 3												
Corner 4												
	1	O INICDEACIN										
a Feed	b Balance	29 INCREASIN c Test	d Weight	e Error	f Error							
	Weights		Indication	Weights (Ibs.)								
-												
-												
30 The errors indicated on this test report ARE ARE NOT within the accuracy requirements specified in National Institute of Standards and Technology (NIST) Handbook 44 as required by the regulations (9 CFR 201.71). (For more information, contact the Trade Practices Unit of the Packers and Stockyards												
Programs Re				· · · · · ·								
		, or changes m										
32 Recomme	ndations for	r repair, replac	ement, etc.	(Continue on r	everse side if	necessary):						
33 Receipt of Report Acknowledged (Signature):						34 Scale Inspector (Signature):						
				ed scales, and to			o weigh feed wh	en feed weight	is a factor in	determining payme	nt or	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0580-0015. The time required to complete this information collection is estimated to average .25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.